



Chatham Medical Reserve Corps Volunteer Application

If you are interested in volunteering, please fill out this application and mail it back to the address on the last page.

- *Chatham Medical Reserve Corps*
- *C.E.R.T. Program*

Name: _____

Address: _____

City: _____ *Phone:* _____

E-Mail Address: _____

Professional Information:

Degrees held: _____

License # _____

Expires: _____

State(s) of Licensure(s): _____

Areas of Service Interest:

• *Public Health clinics* • *School based health clinics* • *Shelter Support* • *Natural Disasters* • *Disease Outbreak*

Venues for Service Preferences

• *Hospital only* • *Anytime Needed* • *Phone Tree Only* • *Clinic Work* • *In emergencies only* • *Health Department* • *Emergency Operations Center* • *Rescue Squad* • *Ambulance service* • *Fire Department*

Days available: • Sun • Mon • Tues • Wed • Thurs
• Fri • Sat

Hours available: • Morning • Afternoon • Evening • Anytime

*If unable to reach you at the above number, what alternate number
can be used?*

Other Current & Prior Volunteer Experience:

Special Needs or Work Restrictions: _____

Signature

Date

*Please return to:
Kelly Jolley, Volunteer Coordinator
225 Chatham Square
Siler City, NC 27344
919-663-3799
919-663-7485 Fax*